"Express Mail" Date of Deposit	Mailing Label Number <u> </u>
Thereby certify States Postal S under 37 CFR 1	that this paper or fee is being deposited with the United ervice "Express Mail Post Office to Addressee" service .10 on the date indicated above and is addressed to the Commissioner for Patents .Box 1450, Alexandria, VA 22313-1450
	YPED OR PRINTED NAME OF SENDER)

PATENT APPLN. TRANSMISSION INDIVIDUAL & SMALL BUSINESSES

DOCKET NO. APPL 2 00002

U.S. PTO	50286	203
17497	10/7	

COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

C	i	1	•	•
J	ı			•

This is a request for the filing of an Original (nonprovisional) Patent Application.

Transmitted herewith for filing under 37 C.F.R. 1.53(b) is the patent application entitled:

IIIMIS	ATED DEC	TAT. ATR	EBECHE.	NFD**

X The inventor(s) of the subject patent application are as follows: Robert A. Juran; Craig M. Saunders; and Trevor L. Jackson

Enclosed are:

- X 20 Pages of the specification, abstract and claims.
- X 2 Sheets of drawings.
- Verified Statement(s) under 37 C.F.R. 1.27.
- _X_ Declaration or Oath.

This application is not to be published under 35 U.S.C. 122(b). It is certified that the invention disclosed in the application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.

The Assignee of this application is_____

The fee has been calculated as shown below.

	Claims as Filed			
For	Number Filed	Number Extra	Rate	Basic Fee \$385.00
Total Claims	30 -20 =	10	x \$9	\$ 90.00
Independent Claims	4 -3=	1	x \$43	\$ 43.00
		Total Filing Fee>		\$518.00

Assignment	(\$40.00)	
 rissignment	(470.00 /	۰

X A check in the amount of \$ 518.00 to cover the required fees is enclosed.

X General Authorization to Charge Deposit Account For All Required Fees, Fees Under 37 C.F.R. 1.17, or All Required Extension of Time Fees. Should any additional fees be required in connection with this application, during the entire pendency of the application, the Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Account No. 06-0308. This transmission form is submitted in triplicate.

FAY, SHARPE, FAGAN, MINNICH & McKEE

THOMAS E. YO

Reg. No. 28,924

1100 Superior Avenue, Seventh Floor

Cleveland, Ohio 44114-2579

Phone: (216) 861-5582 Fax:: (216) 241-1666

^{**}This application claims priority upon Provisional Application Serial No. 60/437,476 filed January 2, 2003.